

THE AMERICAN SOCIETY OF
ADDICTION MEDICINE HANDBOOK ON

Pain and Addiction

Edited by

Ilene R. Robeck, Herbert L. Malinoff,
Melvin I. Pohl, R. Corey Waller,
Michael F. Weaver, Mark A. Weiner,
and William F. Haning, III

Managing Editor: Bonnie B. Wilford



ASAM American Society of
Addiction Medicine

OXFORD

DEF_WV_Trial_00027989

DEF-WV-03123.00001

DEF-WV-03123



American Society of
Addiction Medicine

This is a publication of the American Society of Addiction Medicine (ASAM).

ASAM is a member-driven organization, representing over 3,200 physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment; educating physicians, other medical professionals and the public; supporting research and prevention; and promoting the appropriate role of physicians in the care of patients with addictions.

Learn more and get connected at www.asam.org.

The American Society of Addiction Medicine Handbook on Pain and Addiction

Edited by

Ilene R. Robeck, M.D., FASAM

Herbert L. Malinoff, M.D., FACP, DFASAM

Melvin I. Pohl, M.D., DFASAM

R. Corey Waller, M.D., M.S., DFASAM

Michael F. Weaver, M.D., DFASAM

Mark A. Weiner, M.D., DFASAM

William F. Haning, III, M.D., DFASAM, DFAPA

Managing Editor

Bonnie B. Wilford, M.S.

OXFORD
UNIVERSITY PRESS

xiv | ACKNOWLEDGMENTS

Herbert L. Malinoff, M.D., FACP, DFASAM
 Jane C. Maxwell, Ph.D.
 Theodore V. Parran, Jr., M.D.
 Melvin I. Pohl, M.D., DFASAM
 Ilene R. Robeck, M.D., FASAM
 R. Corey Waller, M.D., M.S., DFASAM
 Michael E. Weaver, M.D., DFASAM
 Mark A. Weiner, M.D., DFASAM
 Stephen A. Wyatt, D.O.

ASAM Staff and Consultants

Yemsrach Kidane, M.A., ASAM Manager, Quality and Science
 Brendan McEntee, ASAM Director, Quality and Science
 Bonnie B. Wilford, M.S., Managing Editor,
ASAM Handbook on Pain and Addiction

Oxford University Press

Andrea L. Knobloch, Senior Editor, Medicine
 Tiffany X. Lu, Assistant Editor, Clinical Medicine

Introduction: The Clinical Challenge of Pain and Addiction

ILENE R. ROBECK, M.D., FASAM

Our understanding of pain and addiction have evolved dramatically over the past decade, leading to significant changes in the treatment of both medical disorders. Perhaps none has been more dramatic than the revolution in attitudes toward use of opioid analgesics for pain.

Ten years ago, responsible scientists and clinicians focused on the problem of inadequate diagnosis and management of pain. To address this very real problem, they led a movement to promote wider and more intensive use of opioid analgesics.

However, over the past five years, clinicians, policymakers, and society as a whole have witnessed the adverse results of this approach, as evidenced by dramatic increases in the rates of opioid use disorder, overdose, and death, all accompanied by startling growth in the nonmedical use of prescription opioids as well as consumption of illicit opiates such as heroin.

These developments confront physicians and other health professionals with a dual challenge. On one hand, safe and adequate treatment of pain remains a high priority, especially as the population ages and more individuals are diagnosed with and treated for conditions accompanied by pain. This effort to provide better pain management encompasses patients who are suffering from a substance use disorder or who are in recovery from such a disorder.

On the other hand, the dramatic escalation in the number of individuals of all ages who use opiates in ways that are dangerous to themselves and others must be considered as part of the overall effort to treat pain appropriately.

The last five years also have witnessed an evolution from a biomedical to a biopsychosocial approach to pain. In a biomedical model, the patient assumes a passive role in his or her care. Treatment primarily addresses the nociceptive pain generator through the use of medications and/or procedures. In contrast,

the biopsychosocial approach to pain engages the patient as an active participant in pain care and takes into account all aspects of the patient's life. The biopsychosocial approach also incorporates an understanding that medical and mental health comorbidities, functional improvement, movement, and cognitive approaches are as important to the treatment of pain as medications and procedures.

To help encourage and guide this evolution in our understanding of pain and its treatment, a number of public and private sector organizations have developed guidelines for safe prescribing of opioids, and are urging—or sometimes requiring—practitioners to learn more about how to manage pain safely and effectively while also preventing, diagnosing, and treating adverse outcomes such as opioid misuse, addiction, overdose, and death. For example, the Centers for Disease Control and Prevention (CDC), the Office of the Surgeon General of the United States, the Federation of State Medical Boards (FSMB), the Veterans Administration (VA), and a growing number of state governments have published or are developing guidelines and model policies for pain management. In addition, the Food and Drug Administration (FDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and other agencies within the U.S. Department of Health and Human Services (HHS) have supported the development and delivery of continuing medical education courses on the safe and effective management of pain (as discussed in online Appendix C of this Handbook).

This flood of advice and information, while well-intended and welcome, has led to confusion and frustration on the part of many health care professionals as they work to deliver optimal care to individual patients. In recognition of this dilemma, the American Society of Addiction Medicine (ASAM) has enlisted an outstanding group of physicians, pharmacologists, researchers, and medical educators in the development of this *ASAM Handbook on Pain and Addiction*. Their goal has been to produce a concise guide to the prevention, identification, and management of both pain and addiction, organized in a way that answers the specific needs of individual caregivers in their daily interactions with real patients.

Importantly, the *ASAM Handbook* is designed to reflect the growing evidence base as well as to comport with guidance provided in other ASAM publications, such as ASAM's textbooks, *Principles of Addiction Medicine* and *Essentials of Addiction Medicine*, the *ASAM Patient Placement Criteria*, and the *ASAM Handbook on Addiction*, all of which are widely used by practitioners to guide patient-specific decisions about appropriate components and intensity of care.

The authors, editors, and publisher of the *ASAM Handbook on Pain and Addiction* recognize that options for treating pain while preventing addiction are changing so rapidly that there is no "perfect" time to create a publication such as this one, because there is a persistent risk that some of the advice it contains may become obsolete even before the book is published.

Although keenly aware of that risk, ASAM's leaders decided to publish the Handbook now because the need for concise, accurate information grows more urgent by the day.

The *ASAM Handbook* thus attempts to outline the state of the art as we know it today. It also provides a conceptual framework for understanding the need for a comprehensive approach to the management of pain and the prevention of addiction—a framework that incorporates self-management, cognitive approaches, movement approaches, and carefully selected evidence-based procedures—all integrated with carefully prescribed opioid analgesics. The authors and editors also are committed to sharing information on key resources that will enable readers to keep pace with this rapidly evolving field.

The editors of this handbook and the leaders of ASAM (including its very active Publications Council) gratefully acknowledge the many contributions to this publication—and the research on which it is based—by ASAM members and other experts and organizations.

We also extend our gratitude to readers for their interest in pain and addiction and their commitment to advancing patient care. We welcome their feedback, which will help us "fine tune" the handbook so that it responds to the real-world needs and concerns of health care providers, as well as the patients to whom they deliver life-changing, life-saving care.